

Case Number:	CM15-0118365		
Date Assigned:	06/26/2015	Date of Injury:	02/07/2001
Decision Date:	09/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old male who sustained an industrial injury on 02/07/2001. Treatment provided to date has included: cervical spine surgery; left shoulder surgery; onabotulinum toxin injections with minimal benefit as his migraines returned in frequency and severity; medications (Norco, Lyrica, lorazepam, orphenadrine); dental treatments; and conservative therapies/care. Diagnostic testing has included routine urine drug testing with no evidence of aberrant behaviors. Comorbidities included hypertension, diabetes, hypertriglyceridemia, high cholesterol and sleep apnea. There were no other dates of injury noted. On 05/19/2015, physician progress report noted complaints of continued migraines although there has been a decrease in severity and frequency. There was no pain severity rating noted. Additional complaints included continued chronic neck pain. Current medications include Norco for chronic pain and orphenadrine for muscle spasms. The physical exam revealed a non-antalgic gait with the use of a walking stick; tightness in the paraspinal muscle of the cervical spine; multiple cervical trigger points upon palpation; decreased sensation in the bilateral feet and ankles; mildly reduced strength in the upper and lower extremity muscles; 1+ deep tendon reflexes at the patella and zero at the Achilles; and 1+ deep tendon reflexes at the triceps, biceps, and brachioradialis tendons in the upper extremities. The provider noted diagnoses of chronic intractable shoulder pain, chronic migraines, status post cervical spine surgery, status post left shoulder surgery, diabetes, cervical spine muscle spasms, depression and anxiety. Plan of care includes repeat onabotulinum toxin injections at 12 weeks for prophylaxis; continued Norco for pain management; continued orphenadrine 100mg every 12 hours as needed for muscle spasms; continued Lyrica for management of neuropathic pain;

follow-up with primary care physician for management of diabetes, hypertension, hypertriglyceridemia and high cholesterol; and continued follow-up with psychiatrist for management of depression and anxiety. The injured worker's work status remained permanently totally disabled. The request for authorization and IMR (independent medical review) includes: orphenadrine 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Orphenadrine 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to CA MTUS, Orphenadrine (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, the patient has been prescribed Norco for chronic intractable pain and orphenadrine for muscle spasms. Based on the currently available information, there were no documented improvements in the injured worker's pain, muscle spasms, or functional status. In addition, the injured worker has been prescribed this medication for several months despite the lack of improvement in muscle spasms. Therefore, the medical necessity for Orphenadrine has not been established. The orphenadrine is not medically necessary.